

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gav	104861	9/28
O.I.P.E. CLASSIFIER		SD	10/1
FORMALITY REVIEW	kgf	66380	11-16-00
RESPONSE FORMALITY REVIEW			

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1	10	14		51				101			
2	11	15		52				102			
3	12	16		53				103			
4	13	17		54				104			
5	14	18		55				105			
6	15	19		56				106			
7	16	20		57				107			
8	17	21		58				108			
9	18	22		59				109			
10	19	23		60				110			
11	20	24		61				111			
12	21	25		62				112			
13	22	26		63				113			
14	23	27		64				114			
15	24	28		65				115			
16	25	29		66				116			
17	26	30		67				117			
18	27	31		68				118			
19	28	32		69				119			
20	29	33		70				120			
21	30	34		71				121			
22	31	35		72				122			
23	32	36		73				123			
24	33	37		74				124			
25	34	38		75				125			
26	35	39		76				126			
27	36	40		77				127			
28	37	41		78				128			
29	38	42		79				129			
30	39	43		80				130			
31	40	44		81				131			
32	41	45		82				132			
33	42	46		83				133			
34	43	47		84				134			
35	44	48		85				135			
36	45	49		86				136			
37	46	50		87				137			
38				88				138			
39				89				139			
40				90				140			
41				91				141			
42				92				142			
43				93				143			
44				94				144			
45				95				145			
46				96				146			
47				97				147			
48				98				148			
49				99				149			
50				100				150			

If more than 150 claims or 10 actions
staple additional sheet here

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